

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



July 25, 2000

ALL COUNTY INFORMATION NOTICE I-70-00

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL FOOD STAMP COORDINATORS
ALL COUNTY DISTRICT ATTORNEYS
ALL COUNTY WELFARE FRAUD CHIEF
INVESTIGATORS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
☐ Federal Law or Regulation
Change
☐ Court Order
☐ Clarification Requested by
One or More Counties
☒ Initiated by CDSS

SUBJECT: INVITATION TO PARTICIPATE IN THE CHANGE REPORTING
AND QUARTERLY REPORTING SYSTEM IN THE CALIFORNIA
WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS
(CalWORKs) AND FOOD STAMP PROGRAMS

REFERENCE: ALL COUNTY INFORMATION NOTICE I-96-99

The purpose of this letter is to invite counties to participate in the new change reporting (CR) and quarterly reporting (QR) system in the CalWORKs and Food Stamp programs as provided by AB 510 (Chapter 826, Statutes of 1999) and to inform counties of the process they should follow to request to be included in the initial phase of implementation.

AB 510 allows Los Angeles County and up to eight other counties selected by the California Department of Social Services (CDSS) to replace the current monthly reporting system and retrospective budgeting system in the CalWORKs and Food Stamp programs with CR/QR and prospective budgeting in those programs. The law permits these counties to implement the new CR/QR system as early as July 1, 2000, and requires the CDSS to complete an evaluation of the CR/QR system no later than January 1, 2003.

If the legislature takes action to remove sunset provisions that are contained in the law, statewide implementation could begin January 1, 2004. Pending legislative action to implement CR/QR statewide, all other counties remain subject to the current monthly reporting and retrospective budgeting system. If the sunset provisions are not removed, counties implementing CR/QR will ultimately be required to return to the current monthly reporting/retrospective budgeting system.

As a result of feedback received from the stakeholders, CDSS has determined that additional time is needed to implement the CR/QR system. Budget language extends all specified time frames by one year. The new date of implementation for startup counties is July 1, 2001. It is expected that this new date will allow counties time to make all the necessary changes to their respective automation systems and will allow time for training county staff and recipients. Additionally, CDSS recognizes that there will be a need for automation systems reprogramming to implement AB 510. Funds for these costs have been established and budgeted for in 2000-01.

AB 510 directed CDSS to seek waivers from the Food and Nutrition Service (FNS) to make CalWORKs and the Food Stamp Program (FSP) as compatible as possible. Through extensive negotiations with FNS, CDSS was able to obtain the more significant waivers needed to maximize compatibility with CalWORKs. FNS has granted the waivers necessary to implement the following CR/QR requirements:

- add a quarterly reporting component to the change reporting system used in the FSP for both earned and unearned income households;
- increase the existing income reporting threshold in the FSP from \$25 to \$100 for changes in income (earned and unearned); and
- increase the threshold to \$100 for changes in shelter costs and changes in the legal obligation to pay child support.

The following waivers were not approved by FNS:

- the ability to waive the face-to-face interview for the annual recertification in the FSP;
- requiring FSP recipients to report all changes in writing; and
- allowing CWDs to act only on changes that recipients are required to report.

The new CR/QR reporting system is based on current FSP regulations for change reporting and prospective budgeting (FS MPP 63-503.24) and introduces a quarterly reporting component. A brief description outlining the new CR/QR system is provided in Attachment A. Additionally, drafts of the CR and QR reporting forms are attached (Attachments B and C). CDSS is in the process of developing a general informing notice which will accompany the CR and QRs that will provide penalty language and will serve as an instruction sheet to clients.

Counties participating in the initial phase of CR/QR will continue to apply all current CalWORKs and FSP disqualification penalties for fraud and Intentional Program Violations (IPVs), determined through a conviction in a state or federal court, Disqualification Consent Agreement or Administrative Disqualification Hearing. A complete list of fraud and IPV disqualification penalties is provided in Attachment D.

CR/QR EVALUATION PROCESS

The Evaluator's work will begin four to five months before project implementation, and cover the total project time plus six months to complete all analysis and a final report. The Evaluator will examine the impact of CR/QR for implications of a statewide CR/QR system. Specifically, the evaluation will focus on changes in the following: (1) effectiveness and efficiency of administering a CR/QR system; (2) recipient impact; (3) effects on earnings, reported earnings, grant amounts, and payments; (4) effects on Food Stamp Quality Control (QC) errors; and (5) ability of the county to detect, investigate and prosecute fraud.

The evaluation will consist of a process study, a benefit-cost study, and an impact study. The impact study will include an analysis of grants and earnings, an analysis of FS QC impacts, and an analysis of program integrity impacts. Where possible the analysis will show the impact on CalWORKs cases separately from Food Stamp cases. The Evaluator will collaborate with the CDSS and the Counties to finalize the evaluation approach. As provided by AB 510, CDSS will collaborate with the Office of Criminal Justice Planning on the program integrity aspects of the evaluation.

COUNTY PARTICIPATION CONDITIONS AND SELECTION PROCESS

Counties interested in participating in the initial phase of CR/QR implementation must submit a county implementation plan and agree to the conditions listed in the Agreement to Participate (Attachment E).

The selection of counties to participate in the initial phase of CR/QR implementation will include a review of the counties' implementation plans which must include the following elements:

- a description of automation capabilities,
- an outline of the County's plan for recipient training,
- an outline of the County's plan for training County staff (e.g., eligibility, SIU, and appeals), and
- an explanation of how the County will provide data for evaluation.

Additionally, CDSS will consider extra efforts counties have made to prepare for the first six months of implementation of CR/QR, such as steps taken to strengthen program integrity and creative steps taken to minimize recipient confusion.

To be considered for participation in the initial phase of CR/QR, counties must submit the following as soon as is administratively possible, but no later than November 15, 2000:

- a copy of their CR/QR Implementation Plan,
- the Agreement to Participate (Attachment E) signed by the Director, and
- a letter from the County District Attorney agreeing to CR/QR implementation in their county.

These documents should be submitted to:

California Department of Social Services
CalWORKs Eligibility Bureau
744 P Street, MS 16-31
Sacramento, California 95814
Attn: Maria Hernandez

If you have questions regarding this letter, please contact Cora Myers at (916) 654-2236 or Dorette Pierce at (916) 654-1867.

Sincerely,
Original signed by
Maria Hernandez for
Charr Lee Metsker
on July 25, 2000
CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachments

c: CWDA
CSAC

**OUTLINE OF THE CHANGE REPORTING/QUARTERLY
REPORTING (CR/QR) SYSTEM FOR CalWORKs AND THE FOOD
STAMP PROGRAMS**

The new CR/QR reporting system is based on current Food Stamp Program (FSP) regulations for change reporting and prospective budgeting and new rules for quarterly reporting.

CR/QR requires the recipient to report changes as they occur as well as provide a quarterly report every three months. County Welfare Departments (CWDs) will use reported information to make eligibility determinations prospectively, in accordance with the FSP regulations for non-monthly reporting.

This system will use change report forms as well as quarterly report forms. The CR/QR Forms Subcommittee, which includes representatives from CWDs, the District Attorney Offices, automation consultants, and State staff, have reviewed and had input into the drafts of these forms (Attachments B and C). It is important to note that these forms are in the early stages of the draft process, and will likely be modified as system requirements are finalized.

CHANGE REPORTING (CR)

All CalWORKs and all FS recipients, including non-assistance FS recipients, will be required to report specified changes in their circumstances within 10 days of the date they become aware of the changes (e.g., changes in income, household composition, or shelter expenses).

The CWD shall provide the household with a change report form at the time of approval or certification, at redetermination or recertification, whenever a change report form has been returned by the household, or upon recipient request. When the CalWORKs household reports a change verbally, the CWD must request that the recipient report the change in writing within ten days.

QUARTERLY REPORTING (QR)

In addition to the change reporting requirements outlined above, all CalWORKs and all FS recipients will be required to submit written reports every three months to determine ongoing eligibility. Recipients shall provide detailed information for a specified month of the quarter, and attest, under penalty of perjury, that they have reported all required information for the specified month and any required changes for the other two months covered by the report. In addition, recipients are required to report any anticipated changes that may affect eligibility.

SETTING UP THE QUARTERLY REPORTING CYCLE

CalWORKs and FS recipients shall be assigned a specific reporting cycle using either the application date, the terminal digits of the case number, or some other method determined by the county and approved by CDSS. The following terminology will be used to describe the months in the QR cycle:

- Data Month – the month for which the recipient reports all information necessary to determine financial eligibility.
- Submission Month – the month in which the QR form is required to be submitted to the CWD. This month immediately follows the Data Month.
- Payment Month – the month in which benefits are paid/issued. This month immediately follows the Submission Month.

QR REQUIREMENTS

The new QR system will use existing regulations, including the following:

- Completeness criteria (MPP 40-181.24) - used to determine if the report is complete and includes requirements such as signing and dating the report form, reporting changes in income, and providing verification (pay stubs, benefit award letters).
- Balderas reminder contact (MPP 40-181.221b) – requirement for counties to attempt a personal contact with the recipient (by telephone or in person), prior to discontinuance due to non-receipt of the report form. If unable to make a personal contact, counties must send a written notice to the recipient as a reminder to submit a complete report before the deadline.

- Good cause criteria [MPP 40-181.23 and 7 CFR 273.21(k)(2)(ii)] – guidelines used for counties to determine if the recipient had a good reason for not submitting a complete report in a timely manner. If the county determines the recipient had good cause for not reporting timely, the county must rescind any discontinuance action taken for failure to submit a complete report.
- Due process and state hearing rights – (MPP 22-000) – recipients' rights to due process and state hearings are preserved under the CR/QR system. Recipients must be notified in writing of any actions that would affect their benefits. Counties must provide timely (10-day) notice to recipients when taking any adverse actions against their benefits. If the client disagrees with the county's action, the client may request a state hearing to appeal the action.

PROSPECTIVE BUDGETING IN CR/QR

The methodology for determining initial and ongoing household eligibility and benefit levels will follow existing FSP regulations for prospective budgeting. The prospective budgeting system uses a household's actual circumstances and any reasonably anticipated circumstances to determine eligibility and benefits in future months. Anticipated income will be counted as income only in the month it is expected to be received. CWDs will not recalculate benefits retroactively if actual income received differs from the reasonably anticipated income. However, if the household failed to provide all information available at the time of the estimate, a CalWORKs overpayment/FS overissuance will be established.

CR/QR VERIFICATION REQUIREMENTS

All current verification requirements apply to CR/QR. CWDs will follow current rules including verification of changes in circumstances such as changes in income or changes in shelter expenses.

CalWORKs OVERPAYMENTS / UNDERPAYMENTS AND FOOD STAMP OVERISSUANCES/ LOST BENEFITS

CalWORKs overpayments and underpayments will be calculated using the applicable federal Food Stamp regulations used to determine overissuances and underissuances for non-monthly reporting households. If the CR/QR household fails to completely and accurately report, or the CWD fails to act on a reported change, and, as a result the household receives benefits to which it is not entitled, an overpayment/ overissuance will be established. However, when an estimate is inaccurate due to an unforeseen change, CWDs will not recalculate payment or benefit amounts. This means that CWDs will not

establish a CalWORKs overpayment/FS overissuance, nor will the CWD issue a CalWORKs supplemental payment or restore FS benefits when an estimate is inaccurate due to an unforeseen situation.

INTENTIONAL PROGRAM VIOLATIONS

Counties participating in the initial phase of CR/QR will also apply all current CalWORKs and FSP disqualification penalties for fraud and Intentional Program Violations (IPVs), determined through a conviction in a state or federal court, Disqualification Consent Agreement or Administrative Disqualification Hearing.

Cash aid recipients who are found guilty by a court of law or in an administrative hearing of committing certain types of fraud or IPVs may be ineligible for cash aid for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

Food Stamp recipients who are found guilty in a court of law or an administrative hearing of fraud or FSP IPVs may be ineligible to Food Stamps for 12 months for the first violation, 24 months for the second, and forever for the third.

See Attachment D for a summary of disqualification penalties for IPVs.

RECERTIFICATION AND REDETERMINATION OF ELIGIBILITY

- FOOD STAMP PROGRAM

The CWD shall continue to follow all applicable existing Food Stamp regulations for the face-to-face recertification of all eligible households (public assistance and non-assistance cases).

- CalWORKs

Counties may waive the face-to-face redetermination interview for CalWORKs cases that do not receive FS if the CWD determines the client has had regular contact with the county through CalWORKs or other similar programs.

RECIPIENT INFORMING

CDSS will develop an informing notice to be used by counties participating in the initial phase of CR/QR. The start-up counties will be responsible for issuing the informing notice to recipients. Additionally, CWDs will be responsible for training recipients in the CR/QR process to minimize confusion and incomplete reporting.

CHANGE REPORT

JUN 20 2000

For Cash Aid and Food Stamps

- Complete, sign and return this report within 10 days of your change.
- You must report within 10 days in writing of any change that may affect your eligibility for or the amount of cash aid.
- If you do not send in a complete report including, but not limited to, reporting all changes and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed.
- If you get food stamps, report changes for everyone in your household.
- If you do not get food stamps, report changes for everyone on cash aid, including children, parents, stepparents, your spouse, and anyone temporarily absent from the home.
- Facts you report may result in your benefits going up, down, or being stopped.

SAMPLE

Need Help? Call your worker

Worker:

Phone:

Address Change

① Did you move, or do you have a new mailing address? <input type="checkbox"/> YES <input type="checkbox"/> NO Fill in this section ONLY if you have moved or have a new mailing address. And if you get food stamps, you <u>may</u> be asked to give us proof of your new housing costs, such as rent and utility receipts/bills.					
NEW HOME ADDRESS (NUMBER, STREET NAME, AVENUE, BLVD., ETC.) APT. NO.		CITY	STATE	ZIP CODE	NEW PHONE NUMBER ()
DATE MOVED	NEW MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)		CITY	STATE	ZIP CODE

Other Changes

② Did you or anyone in your household have a change to report? You must include, but are not limited to, changes listed below. Check all that apply and give us the facts for each change. <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Income: Start, change or stop. Attach proof. <input type="checkbox"/> Job/Training: Start, stop, quit, refuse a job or training, change number of hours, or go out on strike. Attach proof. <input type="checkbox"/> Money or Benefits: Receive money or benefits from any source. Include: child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans scholarships; tax refunds; any government benefits like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, works compensation, state disability indemnity, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. Attach proof. <input type="checkbox"/> Felony conviction: Any household member convicted of a drug-related felony for possession, use or distribution of a controlled substance(s) for crimes committed after August 22, 1996. <input type="checkbox"/> Fleeing felon: Any household member who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole. <input type="checkbox"/> Household: Anyone moves into or out of your home, you move in with someone else, temporary absences, someone died, entered or left a hospital, etc. <input type="checkbox"/> Dependent Care: Stop, start, or change amount of paid care for a child, disabled person or other dependent while you are working, seeking work or in training. Attach proof. <input type="checkbox"/> Child Support: For Food Stamps only: anyone who pays and has a change in court ordered child support. Attach proof.	<input type="checkbox"/> School-Ages For Cash Aid Only: Stop or start attending 6 through 17: school regularly. <input type="checkbox"/> School-Ages 16 or older: Start or stop school or college. Cost for tuition, school transportation, etc. Attach proof. <input type="checkbox"/> Marital: Marry, divorce, or separate. Attach proof. <input type="checkbox"/> Medical Costs: For food stamps only: Anyone who is disabled or age 60 or older may report new medical costs not being used to figure your current allotment. For Medi-Cal/State CMSP Only: Medical costs that were due to any injury or accident caused by someone else. Attach proof. <input type="checkbox"/> Property: Buy, sell, trade, give away, or get a motor vehicle, home, land, or trusts, etc. (personal or business). <input type="checkbox"/> Checking/Savings: Open/close a checking or savings account(s) or the balance is different at the end of the month. <input type="checkbox"/> Babies: Become pregnant, have a baby, abort or miscarry. <input type="checkbox"/> Citizenship/Immigration Status: A citizenship or immigration status change or anyone gets a new card form or letter from the INS. Attach proof. <input type="checkbox"/> Disability: Become Disabled or recovered from a major illness. <input type="checkbox"/> Insurance: Start, stop, or change life, dental or health insurance benefits including MEDICARE coverage. <input type="checkbox"/> IHSS: Start or stop getting In-Home Supportive Services. <input type="checkbox"/> Other:

NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT HAPPENED	DATE OF CHANGE
NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT HAPPENED	DATE OF CHANGE

Questions? Ask your worker. Attach a separate piece of paper if needed.

Certification**YOU MUST SIGN AND DATE THIS REPORT WITHIN 10 DAYS OF YOUR CHANGE OR IT WILL BE CONSIDERED INCOMPLETE.**

③ I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete for the entire report month.

WHO MUST SIGN BELOW: For Cash Aid: you, your spouse and any other parent (of cash aided children) if living in the home.**For Food Stamps: the head of household, a household member or the household's authorized representative.**

SIGNATURE OR MARK	DATE SIGNED	HOME PHONE ()	CONTACT PHONE ()
SIGNATURE OF SPOUSE OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM	DATE SIGNED

QUARTERLY ELIGIBILITY REPORT**For Cash Aid and Food Stamps****JUN 20 2000**

DATA MONTH

- Complete, sign, and return this report by the 5th of the month.
- If you do not send in a complete report including, but not limited to, answering all questions about your change and attaching proof when we ask for it, your benefits may be delayed, changed or stopped. Attach a separate sheet of paper if needed.
- You must notify the county in writing within 10 days of any change that may affect your eligibility for, or the amount of, your benefits. For cash aid, you must report your change in writing.
- If you get food stamps, answer for everyone in your household. If you do not get food stamps, answer for everyone on cash aid, including children, parents, stepparents, your spouse, and anyone temporarily absent from the home.
- Facts you report may result in your benefits going up, down, or being stopped.
- Complete both sections for Data Month and Prior Months.

SAMPLE

Need Help? Call your worker.

Worker:

Phone:

COMPLETE BOTH SECTIONS

INCOME		DATA MONTH						PRIOR MONTHS	
① A.	Did anyone get money from a job or training program? List below all money from your job or training including but not limited to any tips, vacation pay or income in kind, such as earned housing. List gross amounts before deductions for each week in the month. Attach pay stubs or other proof of earnings. If self-employed:							Did anyone's income, from ANY source, change by \$100 or more during these months?	
	Food Food Stamps: List business costs on a separate sheet of paper and attach proof of income For Cash Aid: Attach proof of income. If you claim actual expenses, list business expenses on a separate sheet of paper and attach proof of expenses.							Month 1 Month 2 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
B.	Did anyone get money or benefits from any other source? List below any unearned income including but not limited to child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, workers compensation, state disability indemnity, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. Attach proof.							Month 1 Month 2 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
								If No, tell us now about any changes in income: _____ _____	
WHO GOT INCOME		Gross Amount	\$	\$	\$	\$	\$	Did anyone have a change in child/dependent care or child support payment?	
SOURCE/EMPLOYER'S NAME (✓)		Date received						Month 1 Month 2 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> JOB <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER		No. of hours worked						If Yes, did you notify the county in writing? Month 1 Month 2 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHO GOT INCOME		Gross Amount	\$	\$	\$	\$	\$	If No, tell us now about any changes in income: _____ _____	
SOURCE/EMPLOYER'S NAME (✓)		Date Received							
<input type="checkbox"/> JOB <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER		No. of hours worked							
②	Did anyone above pay for care of a child, disabled person or other dependent while working, seeking work, or in training? If Yes, list here and attach proof.							Month 1 Month 2 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF PERSON WHO RECEIVED CARE		COST	NAME OF PERSON WHO RECEIVED CARE		COST				
		\$			\$				
③	Did anyone who gets food stamps pay court ordered child support this month? If Yes, list the amount they paid. Tell us about any changes in the court order. Attach proof.							Month 1 Month 2 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	

COUNTY USE ONLY:

E.W. Initials

Date:

COMPLETE BOTH SECTIONS

DATA MONTH

SAMPLE

HOUSEHOLD

DATA MONTH

PRIOR MONTHS

④ Is any member in the household avoiding or running from the law to avoid a felony prosecution, custody, confinement after conviction, or in violation of probation or parole? If Yes, who: ☐ YES ☐ NO

Did anyone move in or out of your house, or did you move in with someone else?

⑤ Has any member of the household been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s)? Give facts for crimes committed after August 22, 1996. If "YES", complete below: ☐ YES ☐ NO

Month 1 ☐ YES ☐ NO Month 2 ☐ YES ☐ NO

FULL NAME OF PERSON(S)	RELATIONSHIP TO YOU	DATE DRUG CRIME COMMITTED	DATE OF FELONY CONVICTION	CONVICTION WAS FOR (✓) <input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> OTHER (EXPLAIN)	<input type="checkbox"/> POSSESSION <input type="checkbox"/> USE
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If Yes, did you notify the county in writing?

⑥ Did anyone move into or out of your home, or did you move in with someone else? Include newborns, temporary absences, anyone who died, entered or left a hospital, etc. If "YES", complete below. ☐ YES ☐ NO

Month 1 ☐ YES ☐ NO Month 2 ☐ YES ☐ NO

NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN, WHAT CHANGED	DATE OF CHANGE
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If No, tell us now about these household changes:

ADDRESS CHANGE

⑦ Have you moved? Complete this section only if you have moved or have a new mailing address. ☐ YES ☐ NO

NEW HOME ADDRESS (NUMBER, STREET NAME, AVENUE, BLVD., ETC.) APT. NO.	CITY	STATE	ZIP CODE
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DATE MOVED	NEW MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)	CITY	STATE	ZIP CODE
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Did your shelter costs change during the month?

⑧ Do you have new shelter costs? If you are getting food stamps you may be asked to provide proof of your new shelter costs. ☐ YES ☐ NO

Month 1 ☐ YES ☐ NO Month 2 ☐ YES ☐ NO

Are you paying rent? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, how much? \$	Date of Change
Are you paying utilities? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, how much? \$	Date of Change

If Yes, did you notify the county in writing?

Month 1 ☐ YES ☐ NO Month 2 ☐ YES ☐ NO

OTHER CHANGES

⑨ Does anyone have anything else to report? Include expected changes. Attach proof, including any costs. ☐ YES ☐ NO

If No, tell us now about these new shelter costs:

<input type="checkbox"/> Income: Start, change or stop.	<input type="checkbox"/> Property: Buy, sell, trade, give away, or get a motor vehicle, home, land, or trusts, etc. (personal or business).
<input type="checkbox"/> Job/Training: Start, stop, quit, refuse a job or training, change number of hours, or go out on strike.	<input type="checkbox"/> Checking/Savings: Open/close a checking or savings account(s) or the balance is different at the end of the month.
<input type="checkbox"/> School-Ages 6 through 17: For Cash Aid Only: Stop or start attending school regularly.	<input type="checkbox"/> Babies: Become pregnant, have a baby, abort or miscarry.
<input type="checkbox"/> School-Ages 16 or older: Start or stop school or college. Cost for tuition, school transportation, etc.	<input type="checkbox"/> Citizenship/Immigration Status: A citizenship or immigration status change or anyone gets a new card, form or letter from the INS.
<input type="checkbox"/> Marital: Marry, divorce, or separate.	<input type="checkbox"/> Disability: Become Disabled or recovered from a major illness.
<input type="checkbox"/> Medical Costs: For food stamps only: Anyone who is disabled or age 60 or older may report new medical costs not being used to figure your current allotment. For Medi-Cal/State CMSP Only: Medical costs that were due to any injury or accident caused by someone else.	<input type="checkbox"/> Insurance: Start, stop, or change life, dental or health insurance benefits including MEDICARE coverage.
<input type="checkbox"/> Other:	<input type="checkbox"/> IHSS: Start or stop getting In-Home Supportive Services.

Did you want to tell us about any other changes?

Month 1 ☐ YES ☐ NO Month 2 ☐ YES ☐ NO

If Yes, did you notify the county in writing?

Month 1 ☐ YES ☐ NO Month 2 ☐ YES ☐ NO

If No, tell us now about these changes:

NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT HAPPENED	DATE OF CHANGE
NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT HAPPENED	DATE OF CHANGE

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE DATA MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

⑩ I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete for the entire reporting period.

WHO MUST SIGN BELOW: For cash aid: you, your spouse and any other parent of cash aided children if living in the home
For food stamps: the head of household, household member or the household's authorized representative.
For Medi-Cal/State CMSP: you, your spouse, or the person acting for the beneficiary.

SIGNATURE OR MARK	DATE SIGNED	HOME PHONE ()	CONTACT PHONE ()
SIGNATURE OF SPOUSE OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM	DATE SIGNED

CalWORKs and FOOD STAMP FRAUD DISQUALIFICATION PENALTIES

CalWORKs cash recipients may be permanently disqualified for:

- individuals found in state or federal court, or pursuant to an administrative hearing decision, to have committed any of the following acts:
 - made fraudulent statements or representation regarding their place of residence, in order to receive assistance simultaneously, from two or more states or counties,
 - submitted false documents for nonexistent or ineligible children,
 - received cash benefits in excess of \$10,000 through fraudulent means; or
- individuals convicted of felony fraud, in a state or federal court, for theft of \$5,000 or more; or
- individuals with a third conviction of fraud in a state or federal court, or pursuant to an administrative hearing decision; or
- individuals found in state or federal court, or pursuant to an administrative hearing decision, to have committed upon **the third occasion** any of the following acts:
 - having submitted more than one application for the same type of aid for the same period of time, for the purpose of receiving more than one grant of aid in order to establish or maintain the family's eligibility for aid, or increasing, or preventing a reduction in the amount of that aid.

Five-year penalty for:

- individuals convicted of felony fraud in a state or federal court, not meeting permanent penalty criteria and the theft is more than \$2,000 but less than \$5,000.

Four-year penalty for:

- individuals found in state or federal court, or pursuant to an administrative hearing decision, to have committed upon **the second occasion** any of the following acts:
 - having submitted more than one application for the same type of aid for the same period of time, for the purpose of receiving more than one grant of aid, in order to establish or maintain the family's eligibility for aid, or increasing, or preventing a reduction in the amount of the aid.

Two-year penalty for:

- individuals convicted of felony fraud in a state or federal court, not meeting permanent penalty criteria and the theft is less than \$2,000; or
- individuals found in state or federal court, or pursuant to an administrative hearing decision, to have committed upon **the first occasion** any of the following acts:
 - having submitted more than one application for the same type of aid for the same period of time, for the purpose of receiving more than one grant of aid, in order to establish or maintain the family's eligibility for aid, or increasing, or preventing a reduction in the amount of that aid.

Twelve-month penalty for:

- individuals found in state or federal court, or pursuant to an administrative hearing decision, to have committed upon **the second occasion** any of the following acts:
 - making a false or misleading statement or misrepresenting, concealing, or withholding facts;
 - committing any act intended to mislead, misrepresent, conceal, or withhold facts or propound a falsity.

Six-month penalty for:

- individuals found in state or federal court, or pursuant to an administrative hearing decision, to have committed upon **the first occasion** any of the following acts:
 - making a false or misleading statement or misrepresenting, concealing, or withholding facts;
 - committing any act intended to mislead, misrepresent, conceal, or withhold facts or propound a falsity.

Food Stamp Fraud Disqualifications

Permanent disqualification for:

- individuals convicted by a court of appropriate jurisdiction of:
 - trafficking food stamp benefits of \$500 or more.
 - a **first** violation for trading food stamps for firearms, ammunition, or explosives.
 - a **second** violation for trading food stamps for a controlled substance.
- individuals found to have committed a **third** intentional program violation (IPV) either through an administrative disqualification hearing or by a court of appropriate jurisdiction.

10-year penalty for:

- individuals found through an administrative disqualification hearing or a court of appropriate jurisdiction to have falsified the identity or place of residence of the individual in order to receive multiple food stamps simultaneously.

24-month penalty for:

- individuals convicted by a court of appropriate jurisdiction of a **first** violation for trading food stamps for a controlled substance.
- individuals found to have committed a **second** IPV, either through an administrative disqualification hearing or by a court of appropriate jurisdiction.

12-month penalty for:

- individuals found to have committed a **first** IPV, either through an administrative disqualification hearing or by a court of appropriate jurisdiction.

COUNTY AGREEMENT TO PARTICIPATE

Please sign and return this form with your County CR/QR Implementation Plan and the letter from your County District Attorney agreeing to CR/QR implementation in your county. To participate in the initial phase of Change Reporting/Quarterly Reporting (CR/QR) counties must:

- Obtain District Attorney agreement.
- Appoint a county coordinator who will fully cooperate with the evaluator and CDSS staff in the implementation of the CR/QR system.
- Operate within current allocations and cover all costs, including expenses associated with data collection and transmission, travel and the county coordinator's salary and expenses. CDSS will try to minimize data collection requirements.
- Operate the CR/QR reporting system design without deviation.
- Maintain all program integrity efforts.
- Have automation capability to implement CR/QR.
- Have the ability to gather needed information and provide monthly data to the evaluator in a machine-readable format specified by the evaluator no later than 30 days after the end of each month.
- Be prepared to implement CR/QR no later than July, 2001.

_____ (county name) agrees to meet all the above conditions.

COUNTY WELFARE DEPARTMENT DIRECTOR

DATE